



CITY OF READING
DEPARTMENT OF PUBLIC WORKS
OFFICE OF SOLID WASTE
815 WASHINGTON STREET RM 209
READING, PA 19601
PHONE 1-877-727-3234 FAX: (610) 655-6019

CANCELLATION OF TRASH SERVICE

SERVICE ADDRESS: _____

☐ House ☐ Apartment # of units _____

REQUESTED STOP DATE: _____

OWNER'S INFORMATION:

Name: _____ Phone: () _____

Address: _____

I am NOT interested in participating in the City of Reading trash collection program. I understand that **as an Owner** and resident of a residential property with four (4) or fewer units in the City of Reading, I will NOT be included in the following city contracted trash collection system. If property is vacant, trash services will be canceled upon approval.

Please ☒ and complete the following:

☐ Hauler's Name: _____
(Please attach receipt from hauler)

☐ Vacancy Date: _____
(No water usage for 6 months)

☐ Moving: _____
(Date)

☐ Selling Property: _____
(Settlement Date)

Signature: _____

Date: _____

FOR OFFICE USE ONLY:

Account #: _____

Water usage verified: _____
Clerks Initials

Cancellation date: _____